

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3914

State File No. ....

FILED MAR 1 1954

BIRTH NO. .... REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5042 Registrar's No. .... 20

6050

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Jenkins</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Jenkins</u>	
c. LENGTH OF STAY (in this place) <u>18 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>3 mi. S.E. of Jenkins, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jenkins township</u>			

6050

3. NAME OF DECEASED (Type or Print) a. (First) <u>MELBOURNE</u> b. (Middle) <u>LINCOLN</u> c. (Last) <u>ROUNDS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 13, 1954</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>	8. DATE OF BIRTH <u>July 25, 1880</u>		9. AGE (In years last birthday) <u>73</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brakeman &amp; Conductor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Winfield, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Varnum P. Rounds</u>		13b. MOTHER'S MAIDEN NAME <u>Maryette Lincoln</u>		14. NAME OF HUSBAND OR WIFE <u>Emmac Pearl LaGuhlin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eunice I. Rounds</u> ADDRESS <u>Cherryvale, Kans</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH		
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart failure</u>				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Aortic regurgitation</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

4211

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Dec, 1953, to Feb, 1954, that I last saw the deceased alive on Feb 2, 1954, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. J. C. McAllister M.D.</u>		23b. ADDRESS <u>315 W. Madison Avenue</u>		23c. DATE SIGNED <u>Feb 15/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 15, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O. F. Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Monett Missouri</u>	

DATE REC'D BY LOCAL REG. <u>2-27-1954</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Koon-Muhleman Funeral Home</u> ADDRESS <u>Cassville, Mo.</u>	
---	--	---	--	--	--

MAR 2 1934

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

*myself*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed Robert E. Mableman

Licensed Embalmer No. 4916

P. O. Address Cassville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.